

CHAPTER 13
 SECTION 9.1
 ADDENDUM 1, SECTION 10

TRICARE-APPROVED AMBULATORY SURGERY PROCEDURES -
 FEMALE GENITAL SYSTEM

The number following the procedure code is the TRICARE payment group.

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
ENDOSCOPY - LAPAROSCOPY - HYSTEROSCOPY		
56300	6	Laparoscopy, diagnostic (separate procedure)
56301	7	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)
56302	8	Laparoscopy, surgical; with occlusion of oviducts by device (e.g., band, clip, or Falope ring)
56303	9	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method
56304	10	Laparoscopy, surgical; with lysis of adhesions
56305	7	Laparoscopy, surgical; with biopsy (single or multiple)
56306	6	Laparoscopy, surgical; with aspiration (single or multiple)
56307	10	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
56309	6	Laparoscopy, surgical; with removal of leiomyomata, subserosal (single or multiple)
56309 ⁵	7	
56316 ²	6	Laparoscopy, surgical; repair of initial inguinal hernia
56317 ²	9	Laparoscopy, surgical; repair of recurrent inguinal hernia
56343 ⁸	7	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)
56344 ⁸	7	Laparoscopy, surgical; with fimbrioplasty
56350	6	Hysteroscopy, diagnostic (separate procedure)
56351	2	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C
56351 ⁵	5	
56352	4	Hysteroscopy, surgical; with lysis of intrauterine adhesions
56353	4	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)
56354	5	Hysteroscopy, surgical; with removal of leiomyomata
56355	2	Hysteroscopy, surgical; with removal of impacted foreign body
56356	9	Hysteroscopy, surgical; with endometrial ablation (any method)
56360 ¹⁰	4	Peritoneoscopy; without biopsy
56361 ¹⁰	5	Peritoneoscopy; with biopsy
56362	5	Peritoneoscopy with guided transhepatic cholangiography; without biopsy
56363	5	Peritoneoscopy with guided transhepatic cholangiography; with biopsy

VULVA, PERINEUM, AND INTROITUS

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<u>INCISION</u>		
56405	4	Incision and drainage of vulva or perineal abscess
56440	5	Marsupialization of Bartholin's gland cyst
56441 ²	2	Lysis of labial adhesions
<u>DESTRUCTION</u>		
56515	6	Destruction of lesion(s), vulva; extensive, any method
<u>EXCISION</u>		
56605	4	Biopsy of vulva or perineum (separate procedure); one lesion
56620	6	Vulvectomy, simple; partial (less than 80% of vulvar area)
56625	9	Vulvectomy, simple; complete (skin and subcutaneous tissue)
56700	2	Partial hymenectomy or revision of hymenal ring
56720	2	Hymenotomy, simple incision
56740	7	Excision of Bartholin's gland or cyst
<u>REPAIR</u>		
56800	5	Plastic repair of introitus
56810	7	Perineoplasty, repair of perineum, non-obstetrical (separate procedure)

VAGINA

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<u>INCISION</u>		
57000	2	Colpotomy; with exploration
57010	4	Colpotomy; with drainage of pelvic abscess
57020	4	Colpocentesis (separate procedure)
<u>DESTRUCTION</u>		
57065	6	Destruction of vaginal lesion(s); extensive, any method
<u>EXCISION</u>		
57105	4	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)
57130	4	Excision of vaginal septum
57135	4	Excision of vaginal cyst or tumor
<u>INTRODUCTION</u>		
57180	2	Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure)
<u>REPAIR</u>		
57200	2	Colporrhaphy, suture of injury of vagina (nonobstetrical)
57210	4	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)
57220	5	Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)
57230	5	Plastic repair of urethrocele
57240	7	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele
57250	7	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy
57260	7	Combined anteroposterior colporrhaphy
57265	9	Combined anteroposterior colporrhaphy; with enterocele repair

VAGINA (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
57268	5	Repair of enterocele, vaginal approach (separate procedure)
57300	5	Closure of rectovaginal fistula; vaginal or transanal approach
57310	5	Closure of urethrovaginal fistula
57311	6	Closure of urethrovaginal fistula; with bulbocavernosus transplant
57320	5	Closure of vesicovaginal fistula; vaginal approach

MANIPULATION

57400	4	Dilation of vagina under anesthesia
57410	3	Pelvic examination under anesthesia

CERVIX UTERI

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
EXCISION		
57513	6	Cauterization of cervix; laser ablation
57520	7	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser
57522 ¹	4	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision
57530	5	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)
57550	5	Excision of cervical stump, vaginal approach

REPAIR

57700	2	Cerclage of uterine cervix, nonobstetrical
57720	5	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach

MANIPULATION

57800	2	Dilation of cervical canal, instrumental (separate procedure)
57820	5	Dilation and curettage of cervical stump

CORPUS UTERI

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
EXCISION		
58120	5	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)
58145	7	Myomectomy, excision of fibroid tumor of uterus, single or multiple (separate procedure); vaginal approach

OVIDUCT

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
INCISION		
58600	7	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58615	8	Occlusion of fallopian tube(s) when done at the time of cesarean section or intra-abdominal surgery (not a separate procedure)

OVARY

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<u>INCISION</u>		
58800	5	Drainage of ovarian cyst(s), unilateral or bilateral, (separate procedure); vaginal approach
58820	5	Drainage of ovarian abcess; vaginal approach
<u>EXCISION</u>		
58900	5	Biopsy of ovary, unilateral or bilateral (separate procedure)

DELIVERY, ANTEPARTUM, AND POSTPARTUM CARE

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
59414	1	Delivery of placenta (separate procedure)

ABORTION

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
59812	5	Treatment of incomplete abortion, any trimester, completed surgically
59820	3	Treatment of missed abortion, completed surgically; first trimester
59821	5	Treatment of missed abortion, completed surgically; second trimester
59840	1	Induced abortion, by dilation and curettage
59841	1	Induced abortion, by dilation and evacuation

Except as provided below, all procedures are effective as of November 1, 1994

- ¹ Code added for services performed on or after January 1, 1995
- ² Code added for services performed on or after February 27, 1995
- ³ Code deleted for services performed on or after April 1, 1995
- ⁴ Code deleted for services performed on or after April 26, 1995
- ⁵ Payment group changed for services performed on or after February 27, 1995
- ⁶ Code added October 1995 effective for services performed on or after November 1, 1994
- ⁷ Code deleted for services performed on or after March 31, 1996
- ⁸ Code added for services performed on or after January 1, 1996
- ⁹ Code added for services performed on or after January 1, 1997
- ¹⁰ Code deleted for services performed on or after January 1, 1997
- ¹¹ Code added for services performed on or after November 1, 1998